



Atty. Dkt. No. 016915-0244

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gerd GEISSLINGER *et al.*

Title: USE OF R-ARYL
PROPIONIC ACIDS FOR
PRODUCING
MEDICAMENTS TO
TREAT DISEASES IN
HUMANS AND ANIMALS,
WHEREBY SAID
DISEASES CAN BE
THERAPEUTICALLY
INFLUENCED BY
INHIBITING THE
ACTIVATION OF NF-kB

Appl. No.: 09/914,270

Appl. Filing Date: 09/24/2001

Examiner: S. Wang

Art Unit: 1617

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

04/30/2004 SDIRETA1 00000145 09914270

01 FC:2601	385.00 OP
02 FC:2633	420.00 OP
03 FC:1460	130.00 OP

- ☒ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	0	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$420.00		\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$950.00		\$950.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,480.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,010.00		\$0.00
EXTENSION FEE SUBTOTAL:				\$950.00
EXTENSION FEE ALREADY PAID:				\$110.00
EXTENSION FEE TOTAL				\$840.00
CLAIMS AND EXTENSION FEE TOTAL:				\$1610.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):			\$805.00
<input checked="" type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$130.00
TOTAL FEE:				\$935.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$935.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 29, 2004

By



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 Customer Number: 22428
 Telephone: (202) 672-5414
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Richard L. Schwaab
 Attorney for Applicants
 Registration No. 25,479

Paul D. Strain
 Agent for Applicants
 Registration No. 47,369

1. **Submission required under 37 C.F.R. §1.114:** (check items that apply)

a. Previously submitted:

- ☒ Please enter and consider the amendment/reply previously filed on March 1, 2004.
- ☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ___ but not considered.
- ☐ Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on ___.
- ☐ Other ___.

b. Enclosed are:

- ☐ Amendment/Reply.
- ☐ Affidavit(s)/Declaration(s).
- ☒ Information Disclosure Statement.
- ☒ Form PTO/SB/08 with copy of 1 listed reference.
- ☐ Other .

Miscellaneous:

- ☒ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of 3 months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$770.00	= \$770.00
Total Claims:	19	- 20	= 0	x \$18.00	= \$0.00
Independents	2	- 3	= 0	x \$86.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$290.00	= \$0.00
CLAIMS FEE TOTAL:					= \$770.00